

Toll Free.....	1-800-426-3477
Mental Health Centers	
Bear River Mental Health	
Counties-Box Elder, Cache, Rich.....	(435) 752-0750
Central Utah Mental Health	
Counties-Piute, Sevier, Juab, Wayne, Millard, Sanpete	
Toll Free Dial ‘1’ & Then.....	1-800-523-7412
Davis Mental Health	
County-Davis	(801) 451-7799
Four Corners Mental Health	
Counties-Carbon, Emery, Grand.....	(435) 637-2358
Northeastern Counseling Center	
Counties- Duchesne, Uintah, Daggett.....	(435) 789-6300
Southwest Mental Health	
Counties-Beaver, Garfield, Iron, Kane, Washington	(435) 634-5600
Valley Mental Health	
Counties-Salt Lake, Summit, Tooele	(801) 263-7100
Wasatch Mental Health	
Utah County.....	(801) 373-4760
Weber Mental Health	
Counties-Morgan, Weber	(801) 625-3700
For counties not listed. call Medicaid Information.....	(801) 538-6155
Toll Free.....	1-800-662-9651
Mental Health Centers—Others	
Heber Counseling Center	
County Wasatch.....	(435) 654-3003
San Juan Mental Health	
County-San Juan.....	(435) 678-2992
ORS TPL Unit.....	1-800-821-2237
PCN (Primary Care Network)	
Toll Free.....	1-888-222-2542
Planned Parenthood Clinics—Toll Free.....	1-800-230-PLAN

Welcome to Medicaid

We want you and your family to get the health care that you need. This booklet was written to help you learn how to use Medicaid.

You must apply to receive Medicaid benefits. To apply, contact your local DWS (Department of Workforce Services) or BES (Bureau of Eligibility Services) office. The phone numbers are in the back of this book in “The Resources” section.

What if my English is not very good or I am hard of hearing?

We know that it may be hard to understand us if English is not your first language or if you are hard of hearing. Please ask us for an interpreter who speaks or signs your language to explain the Medicaid Program. Interpreters are free and available in all languages, including sign language. Your Health Plan also has interpreters.

May I get this booklet in another language or format?

Yes, we also have this booklet and other important information in Spanish. You can also get this booklet on audio tape, compact disk (CD), or in braille in both English and Spanish.



Services for people who are hard of hearing or have speech problems

If you are hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128. This is a telephone relay service or TTY/TTD that is a free public service. If you speak Spanish, you can call Spanish Relay Utah at 1-888-346-3162.

If you have a hard time speaking, you can call 1-888-346-5822. A specially trained person will help you.

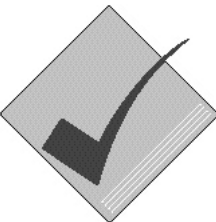
Services for people whose first language is not English

Tell us if you need someone to interpret for you. We will find someone who speaks or signs your language to explain our programs. Your Health Plan will also provide someone to interpret for you. If you need help getting interpretation call:



Medicaid Information Line
(801) 538-6155 or 1-800-662-9651

Diganos si usted necesita a alguien que traduzca para usted. Nosotros encontraremos a alguien que hable su idioma para que le explique nuestros programas. Su Plan de Salud y otros planes también le proveerán con alguien que traduzca para usted.



Note: In this book, Wasatch Front counties are: Davis County, Salt Lake County, Utah County, and Weber County. Rural counties are any other county in Utah not listed above.

Information in this book may change at any time. Contact your Health Program Representative (HPR) or the Medicaid information line with questions.

Weber/ Morgan District Health	
2570 Grant Ave. Ogden, 84401.....	(801) 399-8433
West Jordan	
1740 W 7800 S, Salt Lake City, 84084	(801) 569-4370
Local Health Department with HPR	
Bear River District Health	
655 E 1300 N, Logan, 84321.....	(435) 752-3730
Central Utah Health Dept	
70 Westview Dr., Richfield, 84701	(435) 896-5451
Southeastern Utah District Health	
28 S 1st E (PO Box 800), Price, 84501	(435) 637-3671
Southwest Utah Public Health	
168 N 100 E, St George, 84770	(435) 673-3528
Tooele County Health	
151 North Main, Tooele, 84074.....	(435) 843-2310
TriCounty Health	
147 E Main St., Vernal, 84078.....	(435) 781-5475
Wasatch City/County Health	
805 W 100 S (PO Box 246) Heber, 84032	(435) 654-2700
Lung Association	
1930 S 1100 E, Salt Lake City, 84106—Toll Free.....	1-800-LUNG-USA
Make a Wish Foundation	
2091 E 4800 S, Suite 15, Salt Lake City, 84117—Toll Free	1-800-860-9474
March of Dimes	
515 E 4500 S, Murray, 84107	(801) 293-3300
Toll Free.....	1-877-881-9255
Medicaid Information Line	(801) 538-6155
Toll Free.....	1-800-662-9651
Medicare Information—Toll Free.....	1-800-633-4227
Medicare Claims Information	
Medicare A-Hospitals	1-877-602-8817
Medicare B-Physicians	1-800-426-3477

West Valley	
2750 So 5600 W, West Valley City, 84120	(801) 840-4456
Woods Cross	
763 W 700 S, Woods Cross, 84087	(801) 298-6600
Indian Walk In Center	
120 W 1300 S, Salt Lake City, 84115	(801) 486-4877
Information & Referral.....	211
Local Health Departments (without HPR)	
Bountiful Clinic	
1650 S Main, #109B Bountiful, 84010	(801) 451-3310
Davis County Health Dept	
Courthouse Annex: 50 State St , Farmington, 84025	(801) 451-3310
Ellis Shipp Public Health Clinic	
4535 S 5600 W, West Valley City, 84120	(801) 963-7335
Layton Clinic	
360 S Fort Lane, Layton, 84041	(801) 451-3310
Rose Park	
1625 W 700 N, Salt Lake City, 84116	(801) 322-0502
Salt Lake City/County Health	
610 S 200 E, Salt Lake City, 84111	(801) 468-2750
2001 S State St, Salt Lake City, 84190	(801) 468-2800
South East Clinic	
9340 S 700 E, Sandy, 84070	(801) 255-7114
South Main Public Health	
3195 S Main St., Salt Lake City, 84115	(801) 464-8966
Summit City/County Health	
85 N 50 E (PO Box 128) Coalville, 84017 (Ext 3222)	(435) 336-4451
Utah City/County Health	
151 So. University Ave., Provo, 84601	(801) 851-7000
Weber/ Morgan District Health	
2233 Grant Ave., Ogden, 84401.....	(801) 399-6150

Basic Medicaid Information

What is a Health Plan?

If you live in Utah, Salt Lake, Davis or Weber Counties you *must* choose a Health Plan for your medical care. If you live in any other county in Utah, you may have a choice of selecting a Health Plan or Primary Care Provider (PCP).

A Health Plan is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care. If you live in Weber, Davis, Salt Lake or Utah Counties and a Health Plan doesn’t meet your medical needs, talk to your Health Program Representative (HPR) to see if you can be without a Health Plan on your Medicaid card for a short time.

Know your Health Plan and find out how it works. Your Health Plan may contact you to ask about your medical needs. Your Health Plan must obey all federal and state laws.

- ◆ The name of your Health Plan prints on your Medicaid card.
- ◆ You must use a doctor, clinic or hospital that takes your Health Plan or your bills may not be paid.
- ◆ Some Health Plans require you to have a Primary Care Provider (PCP). See page 7 for more information about a PCP.
- ◆ Your provider will know where to send the bill.
- ◆ You have the right to receive information about your Health Plan each year.

Either your Health Plan or Medicaid pays your doctor for covered services. If your Health Plan or Medicaid pays your doctor less than the amount charged for a covered service, your doctor should not ask you to pay the rest of the bill.

The Health Plan won’t be on your card the first month and sometimes the second month. If there is no Health Plan on your card, you can use any provider that accepts Medicaid.

People who are in a nursing home for a long time don’t have to have a Health Plan. If you have questions about Medicaid benefits:

- ◆ Call your Health Program Representative (HPR) if you live in Davis, Salt Lake, Utah or Weber County. The number is in the back of the book in “The Resources” section.

- ◆ Call your Local Health Department HPR in counties other than those listed above.
- ◆ Call the Medicaid Information Line: (801) 538-6155 or toll free at 1-800-662-9651

How do I find out about choosing my Health Plan?

If you received your benefits from the Department of Workforce Services (DWS), you will meet with your Health Program Representative (HPR) or Local Health Department HPR.

If you received your benefits from the Bureau of Eligibility Services (BES), your eligibility worker will help you.

Can I change my Health Plan?

If you live in a rural county, call your Local Health Department HPR to make a change. Rural counties may change their Health Plan at any time. Health Plan request for changes received before the 20th of the month will become effective the next month.

If you live on the Wasatch Front (Weber, Davis, Salt Lake and Utah Counties):

- ◆ You can change your Health Plan during open Health Plan enrollment each year in June. Then your new Health Plan will start July 1st.
- ◆ A letter will be sent to you each year to remind you of the open Health Plan enrollment period.
- ◆ After the change, you will have up to three months to change your Health Plan to another open plan if you want to.
- ◆ If you feel you must change your Health Plan when it is not open enrollment, call your HPR. He or she may be able to help.
- ◆ Remember! Changing your Health Plan may change all the doctors, clinics and other medical experts you may use.

What is an HPR? (Health Program Representative)

An HPR works with the Medicaid program, usually in the Department of Workforce Services (DWS) offices or rural Local Health Department.

Health Clinics of Utah

Ogden: 2540 Washington Blvd, Suite 122, 84401	(801) 626-3670
Provo: 150 E Center St., Rm1100, 84606.....	(801) 374-7011
Salt Lake: 3195 S Main St., #200, 84115	(801) 468-0354

Health Plans

Healthy U—Toll Free	1-888-271-5870
IHC Access (Medicaid Information Line)—Toll Free.....	1-800-662-9651
Molina (formerly AFC)—Toll Free.....	1-888-483-0760

HPRs (Health Program Representatives)

American Fork	
895 N 900 E, American Fork, 84003	(801) 374-7864
Clearfield	
1350 E 1450 S, Clearfield, 84015	(801) 776-7377
Ogden	
2540 Washington Blvd. Ogden 84402 or	
480 27th St, Ogden, 84401	(801) 626-3351
or call.....	(801) 626-3350
Provo	
150 E Center Street, Provo, 84606 or	
1550 N Freedom Blvd, Provo, 84604	(801) 374-7864
Roy	
1951 W. 5400 So., Roy, 84067	(801) 776-7200
Spanish Fork	
1185 N Chappel Drive, Spanish Fork, 84660	(801) 374-7864
SLC/ Expo	
158 S 200 W, Salt Lake City, 84145	(801) 524-9071
SLC/ Metro	
720 S 200 E, Salt Lake City, 84111	(801) 536-7112
SLC/ Midvale	
7292 S State St., Salt Lake City, 84047	(801) 567-3835
SLC/ South County	
5735 Redwood Rd, Taylorsville, 84123	(801) 269-4860

Provo: 150 E Center St. Suite 1100, Provo, 84606	(801) 374-7011
Salt Lake City: 3195 S Main St, Suite 200,	(801) 468-0342
Salt Lake City: 4535 S 5600 W, 84120	(801) 969-8243
St George: 321 N Mall Dr., # 101, St. George, 84771.....	(435) 652-3806
FQHC (Federally Qualified Health Centers) (income based fees)	
Carbon Medical Services:	
305 Center St., East Carbon, 84520	(435) 888-4411
Central City Community Health Center	
461 S 400 E Salt Lake City, 84111	(801) 539-8617
Copperview Community Health Center	
8446 S Harrison, Midvale, 84047.....	(801) 566-5494
Enterprise Valley Med. Center	
223 S 200 E, Enterprise, 84725.....	(435) 878-2281
Green Valley Medical Center	
305 W Main, Green River, 84525	(435) 564-3434
Midtown Community Health Center	
670 28th Street, Ogden, 84403.....	(801) 393-5355
Montezuma Creek Health Center	
262 Montezuma Creek, 84534	(435) 651-3291
Mountainlands Community Health Center	
215 W 100 N, Provo, 84601	(801) 374-9660
Oquirrah View Community Health Center	
4745 S 3200 W, Salt Lake City, 84118.....	(801) 964-6214
Stephen D. Ratcliffe Health Clinic	
1365 W 1000 N, Salt Lake City, 84116.....	(801) 328-5750
Southwest Utah Community Health Center	
168 North 100 East, St. George, 84770	(435) 986-2565
Wasatch Homeless Health	
404 S 400 W Salt Lake City, 84101	(801) 364-0058
Wayne County Medical Clinic	
128 S 300 W Bicknell, 84175.....	(435) 425-3744

- ◆ Your HPR has classes about Medicaid benefits.
- ◆ During the class your HPR will talk to you about the Health Plans in your area
- ◆ Choose a Health Plan that will work best for you.
- ◆ You may be able to change your Health Plan by contacting your HPR or BES worker.

A list of Wasatch Front HPR phone numbers is in the back of this book in “The Resources”. Local Health Department HPRs are listed under Local Health Departments with HPR in “The Resources.”

What is an LHD? (Local Health Department)

Every Local Health Department provides a variety of direct public health services.

Medicaid is contracted with seven rural LHDs (Bear River District, Central Utah Health Department, Southeastern Utah District Health, Southwest Utah Public Health, Tooele County Health, TriCounty Health and Wasatch City/County Health). These LHDs have a partnership with Medicaid to help you choose a Health Plan or Primary Care Provider (PCP). You can contact a Health Program Representative (HPR) at any of the contracted LHDs.

- ◆ Your LHD Health Program Representative can help you understand your Medicaid benefits.
- ◆ The LHD Health Program Representative can help you understand the difference between a Health Plan or Primary Care Provider (PCP).
- ◆ You can change your Health Plan or PCP with your LHD Health Program Representative.

A list of phone numbers for LHDs is in the back of this book in “The Resources” on page 36.

If you are not sure who to call, you can call
Medicaid Customer Service 1 (801) 538-6155 or 1 (800) 662-9651

What is a PCP? (Primary Care Provider)

A Primary Care Provider (PCP) is a doctor you see for most of your medical care. Your PCP knows you, your medical history and your family history. You would see a PCP for routine care and sudden illness. Your PCP refers you to specialists when you have serious medical problems. Your PCP watches over and directs all of your medical care.

Some Health Plans require you to have a PCP.

In rural areas, your PCP provides Primary Care Case Management. Your PCP will manage your medical care. The name of the PCP you choose and who accepts you, prints on your Medicaid card. Your card prints with the letters PCP in bold across the top. You can change to a different PCP. Call your BES eligibility worker or the Local Health Department HPR by the 20th of the month to change your PCP for the next month.

These are examples of the types of doctors who are usually a PCP:

- ◆ Family Practice (for all ages)
- ◆ Internal Medicine (for adults)
- ◆ Pediatrician (for children)
- ◆ OB/GYN (for pregnant women)

You must have a referral from your PCP to go to any other doctor, unless it is an emergency. Sometimes a clinic is named as the PCP. If so, you may see any doctor in the clinic without a referral. This also means any doctor in the clinic may refer you to a specialist.

What is Prior Approval/Prior Authorization?

To get some services covered by Medicaid or your Health Plan, your doctor may need permission first. This is called a prior approval or prior authorization. Most services don’t need a prior approval or authorization, but some do. Your doctor’s office must get permission before they give you a service that needs a prior approval or authorization.

If a request for a prior approval or authorization is denied or not approved, you will receive a letter with instructions on how to ask for a change in the decision.

What is a Referral?

A referral is made when you need to see a specialist. You must get a referral from your PCP to see a specialist or another PCP. Your doctor can refer in different ways.

1. By giving you a referral form
2. By mailing the specialist the form
3. By calling the specialist

Ogden.....	(801) 394-5944
Child Protective Services in Salt Lake County	(801) 281-5151
Other counties, dial 211 and ask for the number for your county	
CHIP (Child Health Insurance Program)—Toll Free	1-888-222-2542
CHEC (Child Health Evaluation and Care) Program.....	See “Local Health Depts”
CSHCS (Children’s Special Health Care Services)—Toll Free.....	1-800-829-8200
Chiropractic Health Plan	
9135 S Monroe, Suite B, Sandy, 84070.....	(801) 352-7270
Toll Free	1-800-339-5958
Constituent Services	
Governor’s Office—Toll Free.....	1-800-705-2464
Medicaid (only)—Toll Free.....	1-877-291-5583
Medicaid (with other programs)—Toll Free.....	1-800-331-4341
Deaf, Utah Association for the , Inc.	
5709 S 1500 W, Salt Lake City, 84123.....	(801) 263-4860
Diabetes Association	
340 E 400 S, Salt Lake City, 84111	(801) 363-3024
Toll Free.....	1-800-888-1734
Disabled Rights Action Center	
2757 S 300 W, Salt Lake City	
Toll Free.....	1-800-478-9314
DSPD (Division of Services to People with Disabilities)	
655 E 4500 S, Murray, 84114.....	(801) 264-7620
Domestic Violence Information—Toll Free	1-800-897-5465
DWS (Department of Workforce Services.....	(801) 526-9675
Toll Free for Out of State.....	(888) 848-0688
Easter Seal Society of Utah	
638 E Wilmington Ave, Salt Lake City, 84106 -Toll free.....	1-800-388-1991
Family Dental Plans	
Heber: 55 S 500 E, Heber City, 84032.....	(435) 654-2700
Layton: 360 S Fort Lane, Bld. 3 Suite A, Layton, 84041.....	(801) 546-2263
Ogden: 298 24th St. Suite 360, Ogden, 84401.....	(801) 394-4495

The Resources

Access Utah Network-Disability Information & Referral

155 S 300 W, Suite 100, Salt Lake City, 84102(801) 533-INFO
Toll Free1-800-333-UTAH

Adult Protective Services1-800-371-7897

Aging Services

2001 S State, #S-1500, Salt Lake City, 84190.....(801) 468-2454
Weber County, Ogden(801) 625-3771
Davis County, Farmington.....(801) 451-3385
Utah, Summit & Wasatch County(801) 229-3804

AIDS/HIV Prevention and Services

288 N 1460 W, Salt Lake City, 84114(801) 538-6096
Toll Free1-800-537-1046

AIDS/Ryan White Title III (Medical Services for people with AIDS/HIV)

50 N Medical Drive, Salt Lake City, 84132.....(801) 581-8479

American Red Cross

465 S 400 E, Salt Lake City, 84110(801) 323-7000
Toll Free 1-800-328-9272

Arthritis Foundation

448 E 400 S, Suite 103, Salt Lake City, 84111(801) 536-0990
Toll Free1-800-444-4993

Baby Your Baby Hotline—Toll Free1-800-826-9662

Blind and Visually Impaired (Division of Services)

250 N 1950 W, Suite B, Salt Lake City, 84116.....(801) 323-4343
Toll Free 1-800- 284-1823

BES (Bureau of Eligibility Services) Medicaid.....(801) 538-9984

Toll Free 1-800- 662-9651

Cancer Information Service—Toll Free1-800- 4-CANCER

CAP (Community Action Program)

764 S 200 W, Salt Lake City, 841011-800-796-2444

Catholic Community Services

2570 W 1700 S, Salt Lake City, 84104.....(801) 977-9119

In some cases the Local Health Department may be able to help you with a referral if you have a PCP listed on your card.

What is a Specialist?

A specialist is a doctor who only works with certain health problems. Examples of doctors who are specialists are:

- ◆ Cardiologist - heart
- ◆ ENT - Ear, Nose and Throat
- ◆ Orthopedist - bone



What if I have problems with benefits?

You may feel a service was limited or denied unfairly or you are being billed. You, or your representative, have the right to question these decisions or actions and ask to have a Fair Hearing.

For decisions or actions made by your Health Plan:

- ◆ Call your Health Plan to talk about the problem. Many times the problem can be taken care of that easily.
- ◆ Call the Medicaid Information Line. Sometimes they can help.
- ◆ If there is still a problem ask your Health Plan how to file a Grievance or an Appeal.
- ◆ After your Health Plan's final decision, if you still feel you are being treated unfairly you can ask for a Fair Hearing with Medicaid. You must file for a Fair Hearing within 30 days of your Health Plan's final decision.

For decisions made by the State:

- ◆ Call your HPR, the number is in the back of the book in "The Resources" section or call the Medicaid Information Line to ask for a State Fair Hearing.



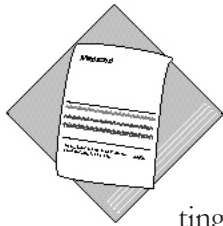
Medicaid Customer Service
(801) 538-6155 or 1-800-662-9651
to ask the State for a Fair Hearing

What is a TPL? (Third Party Liability)

When you have other health insurance (or Medicare) and Medicaid, this is called a Third Party Liability or TPL. You must let us know if there is insurance (or Medicare) that covers anyone listed on your Medicaid card. Tell your worker as soon as possible if you get insurance (or Medicare) for anyone that has the same case number you do. The Third Party Liability or TPL information prints on your Medicaid Card. You must call the TPL unit at the Office of Recovery Services (ORS) to make any changes. Their phone number prints on the bottom of each Medicaid Card.

You might have to choose a Health Plan to match your insurance. Your worker will tell the Office of Recovery Services (ORS) about your insurance. Your doctor's office bills your insurance first, then bills the State or Health Plan for the part of the bill your insurance won't cover. Medicaid pays last.

Office of Recovery Services Third Party Liability Unit
(801) 536-8798 or 1-800-821-2237



How do I use my card?

It is important to know how to use your Medicaid card so you won't have problems getting your bills paid.

- ◆ You will get a colored Medicaid Card in the mail each month.
 - Purple Card = Traditional Medicaid (TM)
 - Blue Card = Non-Traditional Medicaid (NTM)
 - Yellow Card = Primary Care Network (PCN)
- ◆ Check your card each month. Make sure the information on your card is right.
- ◆ The Medicaid program you are eligible for prints on your card.
- ◆ Your Health Plan or PCP prints on your card. (Some Health Plans will send you an additional card.)
- ◆ Keep your old cards for at least one year.
- ◆ If you don't receive your card or have lost it, call your eligibility worker.

Remember! Always show your card before you get any kind of medical care. Showing your card helps prevent billing problems.

PCN Covered at Work:

Covered at Work may be able to help pay for part of your health insurance. You must qualify and have access to health insurance through your job. Covered at Work helps pay for private health insurance. Up to 6,000 working Utahns may enroll. If you qualify, you will be reimbursed for up to \$50 of the cost of your part of your health insurance each month. Apply by mail, online, or visit a Utah Department of Health eligibility office. For questions or to get an application, call the Health Resource Line at 1-888-222-2542. Visit www.health.utah.gov/caw to apply online or for more information.

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays and deductible. To learn more about the QMB program, contact the office where you apply for Medicaid. Some people get both QMB and Medicaid. If you are eligible for QMB only (no Medicaid benefits), you will receive a special QMB card showing you are eligible for the program. *This program is limited to Medicare benefits only.* Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your co-pays and deductibles are covered.

Restriction Program

The Restriction Program is for people who have a serious problem knowing how to use their Medicaid card. If someone is placed in the Restriction Program they will have a doctor and pharmacy that prints on their card along with their Health Plan. They need to get all of their care from the one doctor and all their prescriptions from the one pharmacy.

If you are part of the Restriction Program you are allowed to change the doctor and pharmacy. You must go through your Restriction Program Manager. You can contact them by calling (801) 538-9045 or 1-800-662-9651 (press #900).

Spenddown Program (Medically Needy)

Spenddown is when you pay to receive a Medicaid card. You pay the amount you are above the Medicaid income limit. You must meet all other conditions to qualify. Not all Medicaid programs allow you to spenddown.



Other State Programs

- ◆ CHIP (Child Health Insurance Program)
- ◆ FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)
- ◆ PCN (Primary Care Network of Utah)
- ◆ QMB (Qualified Medicare Beneficiary)
- ◆ Restriction Program
- ◆ Spenddown Program (Medically Needy)



CHIP (Child Health Insurance Program)

CHIP is a state health insurance plan for children who qualify. Apply for CHIP during Open Enrollment. To find out when Open Enrollment will be held, watch and listen for TV, radio, and other announcements. You may also call 1-877-KIDS-NOW (1-877-543-7669) or visit the CHIP website at www.health.utah.gov/chip. During Open Enrollment apply online, mail in an application, or visit a Utah Department of Health eligibility office.

FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)

Utah has a number of FQHCs and RHCs. These are clinics that have received special grant money to provide medical care to people who don't have any insurance. They also see patients who have insurance including Medicaid.

If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in "The Resources" section.

PCN (Primary Care Network of Utah)

The Primary Care Network (PCN) is health coverage for adults who qualify. PCN covers about 19,000 Utah adults. PCN covers preventive services. Applications are only accepted during enrollment sessions. The federal government requires PCN to enroll more parents than people without children. Because of this, PCN schedules separate enrollment times for parents and those without children. To enroll, watch and listen for announcements about the next PCN enrollment session in the news or visit online. Call 1-888-222-2542 or visit www.health.utah.gov/pcn for information.



What is a Co-Pay?

You may have to pay a fee for some benefits and services; this is called a co-pay*. A message will be printed on your medical card if you have a co-pay. You may need to pay a fee or co-pay when you:

- ◆ Visit the doctor or clinic
- ◆ Visit the hospital for outpatient services
- ◆ Pick up your prescriptions

Other things you may want to know about the co-pay:

- ◆ If you do not pay your co-pay, your doctor or medical provider can refuse to see you.
- ◆ You should get a receipt for your co-pay from your medical provider each time you see them.
- ◆ Make sure you save your receipts.

*Pregnant women and children do not have a co-pay. Medicare or other insurance may effect co-pays.

What is a Co-Insurance?

You may have to pay a fee when it is not an emergency and you stay overnight as a patient in the hospital. This fee is called co-insurance*:

- ◆ A message will print on your medical card if you need to pay this fee.
- ◆ Get and save a receipt for your co-insurance from the hospital.

*Pregnant women and children do not pay co-insurance. Medicare or other insurance may affect co-insurance.

What is an "Out of Pocket" maximum?

Each Medicaid program has a limit or maximum to the amount you pay in co-pays and co-insurance each year:

- ◆ The amount you pay is counted from January through December.
- ◆ Get receipts for your co-pays and co-insurances.

Quick Comparison Chart of Adult Medicaid Programs*
Co-Pays and Co-Insurance

Benefits	Purple Card Traditional Medicaid 18 years or older	Blue Card Non-Traditional Medicaid 19 years or older
Out of Pocket Maximum	Pharmacy: \$15 per month Inpatient: \$220 per year Physician & Outpatient: \$100 per year	\$500 per calendar year per person
Chiropractic	\$1 co-pay per visit	\$3 co-pay per visit, limited to 6 visits per year
Dental	No co-pay	No co-pay, limited benefits
Emergency Room	No co-pay \$6 co-pay for non-emergency use of the ER	No co-pay \$6 co-pay for non-emergency use of the ER
Family Planning	Office Visit: no-co-pay Pharmacy: no-co-pay, see the current Over-the-Counter (OTC) list on page 29-30	Office Visit: no-co-pay Pharmacy: no-co-pay, see the current Over-the-Counter (OTC) list on page 29-30
Inpatient Hospital	\$220 yearly co-pay for non-emergency stays	\$220 co-pay for non-emergency stays
Lab	No co-pay	No co-pay
Medical Equipment & Supplies	No co-pay	No co-pay
Mental Health	No co-pay at Prepaid Mental Health Center	No co-pay; limited to 30 annual inpatient and 30 annual outpatient visits

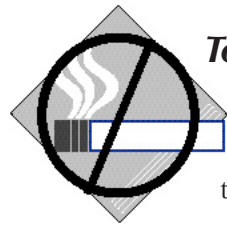
Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. If you do, you will get some extra benefits. Waivers let Medicaid pay for support and services to help people live safely in their own homes or the community. The services may include:

- ◆ Emergency response service
- ◆ Homemaker service
- ◆ Group home
- ◆ Day treatment center
- ◆ Adult day care
- ◆ A private nurse
- ◆ Family support
- ◆ Someone to help you work at a job
- ◆ Transportation to places other than a doctor’s office or clinic
- ◆ Respite care for family members who need a break from caring for disabled or elderly family members

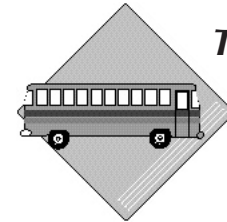
Waivers allow Medicaid to pay a Case Manager to help you get this care. The extra services are different for each waiver program. These programs limit the number of people who may be served. For information about how to apply for a waiver program, call the numbers below.

- ◆ Brain Injury Waiver
Call DSPD (Division of Services for People with Disabilities) at (801) 538-4200
- ◆ DDMR Waiver (Developmentally Disabled/ Mentally Retarded)
Call DSPD at (801) 538-4200
- ◆ Technology Dependant/ Medically Fragile Children Waiver (Sometimes called the Travis-C Waiver)
Call CSHCS - Children’s Special Health Care Services at 1-800-829-8200
- ◆ Aged Waiver—Call AAA (Area Agency on Aging) 1-800-541-7735
- ◆ Personal Assistance Waiver—Call (801) 538-4200



Tobacco Cessation Services

Medicaid has a program to help pregnant women stop smoking. It is a support program that does not cost the pregnant woman anything. Please call your HPR or Local Health Department Health Program Representative for details.



Transportation Services

If you do not have a car or a way to get to the doctor, Medicaid or your Health Plan may cover your trip to and from medical appointments. This may include:

- ◆ UTA Bus Pass
- ◆ UTA Flex Trans
- ◆ *PickMeUp* Medical Transportation

UTA Bus Pass: Call your Medicaid case worker and ask if your Medicaid program covers a bus pass. If it is a benefit, the pass will come in the mail each month with your Medicaid card. Show UTA Bus Pass: Call your Medicaid case worker and ask if your Medicaid program covers a bus pass. If it is a benefit, the pass will come in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.

UTA Flex Trans: If there is a medical reason you can't use the bus, you may qualify for services through UTA FlexTrans. To apply for this service, call UTA at:

Salt Lake County	566-2334
Weber County	393-1736
Davis County	1-888-394-9150
Utah County	374-9306

PickMeUp: For Routine transportation from *PickMeUp*, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for *PickMeUp*.

For urgent care you do not need a letter on file. *PickMeUp* will call your doctor to verify the need for urgent care.

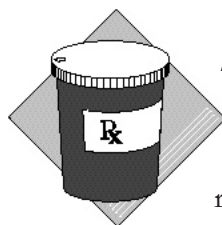
Call *PickMeUp*
1-888-822-1048

Quick Comparison Chart Continued

Benefits	Purple Card Traditional Medicaid 18 years or older	Blue Card Non-Traditional Medicaid 19 years or older
Occupational/ Physical Therapy	No co-pay	\$3 co-pay per visit, limited to 10 combined visits per year
Office Visit	\$3 co-pay per visit	\$3 co-pay per visit, no co-pay for preventative care or immunization
Outpatient	\$3 co-pay per visit	\$3 co-pay per visit
Pharmacy**	\$3 co-pay per prescription, limited to \$15 per month	\$2 co-pay per prescription
Over the Counter (OTC)	Limited OTC drug coverage; same co-pay as pharmacy	Limited OTC drug coverage; same co-pay as pharmacy
Transportation	No co-pay	No co-pay, limited to emergency transportation
Vision Services	No co-pay; annual eye exam and glasses every two years. Contacts not covered.	Annual coverage limited to \$30 toward an eye exam. Glasses or contacts not covered
X-Ray	No co-pay	No co-pay

* All children under 18 years of age are exempt from co-pays and co-insurance. Pregnant women, nursing home residents and Flexcare clients are exempt from co-pays and co-insurance. Other insurance or Medicare may affect co-pays and co-insurance.

** As of January 1, 2006, Medicaid will not continue the drug coverage it currently provides for people who have Medicare or are eligible for Medicare.



How many prescriptions can I get?

If you receive more than seven prescriptions during one month, Medicaid may review your medical history.

- ◆ Your doctor may be contacted to see why you are using certain medicines.
- ◆ You may be contacted when you have used more than seven prescriptions during a month.
- ◆ Over-the-Counter Drugs will count as part of your total number of prescriptions.

Am I covered if I am out of the area?

You are covered for urgent or emergency care when you are out of your service area or out of the state. If you are in Utah where there are no medical providers who take your Health Plan, this is called “out of the area.” If while visiting out of the area or out of state you have an emergency, ask the medical provider to bill your Health Plan. Ask the pharmacy to contact the Utah Medicaid Information Line. Routine care is not covered by your Health Plan when you are out of the area.

Your Health Plan *pays the bill as long as the provider is willing to bill them* for urgent or emergency care. You may need to call your Health Plan to report all out of area urgent or emergency care services.

Can I get Medicaid for past months?

You can apply for Medicaid coverage for past months. You won’t have a Health Plan for those months. Ask your doctors to bill the State. Your doctors *do not* have to accept your Medicaid for past services, but sometimes they will.



Call Medicaid Customer Service
(801) 538-6155 or 1-800-662-9651
if you have questions

Over-the-Counter Drug List (continued)

Insulin*	Nix*
Insulin syringe (with disposable needle) 100 max	Pediacare Cough-Cold
Iron supplement (Ferrous Salts)	Pedia Relief Cough & Cold
Kaopectate	Pedialyte (covered only until age 10)
Lancets* (Does not count toward monthly limit)	Pepcid AC*
Lotrimin, Lotrimin AF*	Pepto-Bismol
Maalox suspension	Poly Vi Sol (under age 5)
Mag-Carb	Prophylactics or condoms, male and female*
Metamucil*	Rid*
Milk of Magnesia*	Robitussin*
Monistat 7*	Robitussin DM*
Motrin tablets or drops*	Sudafed
Mycelex OTC	Tagamet HB*
Naldecon DX	Tavist 1
Neosporin ointment*	Tri Vi Sol (under age 5)
Niacin 250 mg, 500 mg	Triaminic line* (generic only)
	Tylenol *
	Zantac 75*

*Non-Traditional Medicaid covers only the drugs with the *.

Specialists

Your doctor may refer you to a specialist if you have a serious health problem. If you have a Health Plan, make sure you use a specialist who works with your plan. In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.



Speech and Hearing Services

Some Medicaid programs may cover Speech and Hearing Services. Your doctor may refer you to a speech therapist or an audiologist.

Can I keep my Medicaid drug benefits?

No. As of January 1, 2006, *Medicaid will not continue the drug coverage it currently provides* for people who have Medicare or are eligible for Medicare. The only prescriptions that will be a benefit through Utah Medicaid for clients who have Medicare or are eligible for Medicare are:

- Barbiturates (sedatives)
- Benzodiazepine (minor tranquilizers)
- Some cough and cold medications
- Medicaid covered over-the-counter medication prescribed by your doctor

All other prescription drug coverage will go through Medicare Part D. If you have any questions, call the State Health Insurance Information Program at 1-800-541-7735 or Medicare (1-800-663-4227). For TTY, call 1-877-486-2048. You can also visit their web site at: www.medicare.gov.

Over-the-Counter Drug List

Medicaid covers many over-the-counter medicines like aspirin, Tylenol, cough and cold remedies. You need a prescription for Medicaid to pay for them. Here is a list of covered drugs. *Remember: Over-the-Counter drugs are counted towards your monthly prescription limit.*

Listed are some common brand names to help you know what is covered. Prescriptions may be filled with the generic brand. This list may change without notice.

Acetone tests	Codimal DM
Actifed*	Contraceptive creams, foams, tablets, condoms*
Alcohol swabs	Dramamine
Antacid liquid & tablets (Tums)	Drixoral
Aspirin*	DSS caps, liquid, syrup & concentrate drops %5*
Axid AR	Dulcolax*
Benadryl*	Glucose blood tests, Chemstrip BG, One-touch
Benylin	Ultra etc. Glucose urine tests, Clinitest,
Buffered aspirin*	Clinistix, Diastix, etc
Calcium tablets (not oyster shell)	Glucose
Chlor-trimeton	Gyne-Lotrimin*
Citrate of Magnesia	Hydrocortisone cream, ointment or suppositories*
Claritin, Claritin decongestant	Imodium AD*

What do I do with medical bills?

Pay attention to the mail you get from your doctor’s office. You may get a bill from your doctor’s office. If the bill says “do not pay” or “your insurance has been billed”, you don’t have to worry about the bill. If the bill says you owe an amount you should:

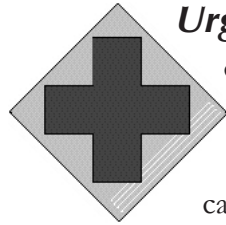
1. Make sure your doctor’s office has a copy of your Medicaid card for the month you are being billed.
2. Call your doctor’s office. Make sure they billed your Health Plan or the State, whichever one you had for the month you were seen.
3. If the doctor’s office did bill your Health Plan or the State but the bill is still not paid, call your Health Plan or the State.
4. If you have called your doctor’s office and your Health Plan or the State and you still have problems, call your HPR.

Don’t get stuck with the bill.

Be careful of the following things. You could end up paying your own medical bills:

- ◆ If you don’t get a PCP referral before seeing a specialist
- ◆ If you see someone who isn’t part of your Health Plan
- ◆ If you get a service Medicaid doesn’t cover and you have signed a form in your doctor’s office saying you know it is not a covered service, but you want the service anyway
- ◆ For services you receive when you are not eligible for Medicaid
- ◆ For services you receive during an Appeal, Grievance or Hearing that is denied

Is it urgent care I need or is it an emergency?

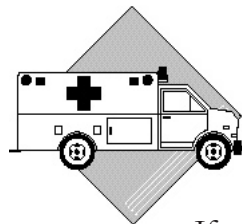


Urgent Care—Urgent care is needed when you have an illness or accident. You get urgent care when your problem is serious, but you could wait one day to see your doctor.

Urgent care problems usually don't cause permanent harm or death. For urgent care, call your doctor. You may be able to see the doctor that same day. If you have a Health Plan, your plan may have urgent care clinics which are open after normal office hours and weekends. Check your Health Plan provider directory.

Examples of urgent care:

- ◆ You fall and sprain your wrist or ankle
- ◆ Your child wakes up in the night with an earache
- ◆ You have a bad cough or high fever
- ◆ You are vomiting a lot
- ◆ You have a cut that needs stitches



Emergency Care—Use the hospital emergency room that is closest to you. Use emergency care when you have a serious medical problem that can't wait. In such cases, waiting could mean permanent harm or death.

If you think your medical problem may be an emergency, call 911 or go to the emergency room right away. You don't have to call your doctor first. But, *if your doctor or Health Plan tells you to go to the emergency room, go as soon as possible.* Your doctor may provide any needed follow-up care.

Examples of emergencies:

- ◆ Heavy bleeding
- ◆ Chest pain
- ◆ Trouble breathing
- ◆ Bad burns
- ◆ Broken bones
- ◆ Poisoning

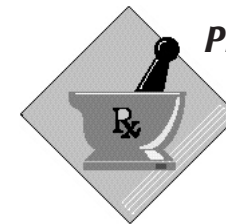
If you go to the emergency room for something that is not an emergency, you may have to pay a co-pay or pay the entire bill.



Physical Therapy / Occupational Therapy

Physical therapy may be covered for some serious problems. Physical therapy may be ordered by your doctor when it will improve your medical condition. If you have a health Plan, make sure to use a physical therapist who is with your plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.



Prescriptions

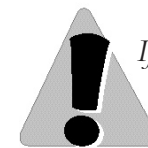
If you are eligible for Medicare, please talk to your HPR or eligibility worker regarding prescription benefit changes. Medicare eligible clients will have different prescription benefits after January 1, 2006.

Not all drugs are covered, even with a doctor's prescription. Generic brands are covered by Medicaid. If there is no generic brand for the drug you need, you may get the name brand. Some prescriptions require prior approval.

The number of prescriptions Medicaid will pay for each month may be limited by your Medicaid program.

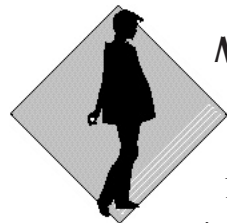
- ◆ Medicaid may review your medical history to see if you need more than the allowed prescriptions per month.
- ◆ Over-the-Counter drugs will count as part of your allowed prescriptions.
- ◆ If you have any questions, call the Medicaid Information Line.

Your Medicaid card will say whether or not you have to pay a co-pay for prescriptions.



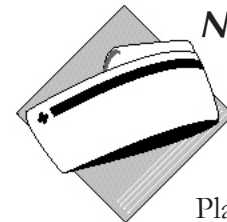
If you have Medicare or are eligible for Medicare, your prescription benefits will change on January 1, 2006. Medicaid will not pay for most of your medicine. The coverage will be replaced by Medicare Part D prescription drug coverage. You must be enrolled in a private Medicare-approved prescription Drug Plan to receive most of your prescription benefits.

- ◆ Call your therapist, the therapist's supervisor or the PMHP to talk about the problem
- ◆ Call the Medicaid Information Line at (801) 538-6155 or toll-free at 1-800-662-9651.
- ◆ Call your Health Program Representative
- ◆ If there is still a problem, ask your PMHP about filing a grievance, or an appeal depending on the problem.
- ◆ If you are not happy with the decision your PMHP makes on an appeal, you can ask for a fair hearing with State Medicaid.



Midwife Services

You can choose to see a midwife for care during your pregnancy. If you have a Health Plan, you must choose a certified nurse midwife who is with your plan. Certified nurse midwives can deliver babies in the hospital in case of an emergency during delivery.



Nursing Home

Medicaid covers nursing home care. Long-term care is when a person stays in a nursing home more than 30 days. Long-term nursing home patients do not have to select a Health Plan or PCP. Talk to your worker about any special rules with long term nursing home eligibility.

Short term care is when a patient goes from a hospital to a nursing home to continue recovering. When this stay is less than 30 days, the patient with a Health Plan on their Medicaid Card, will stay with the same plan.

Personal Care Services

Personal Care Services such as bathing, feeding and dressing may be covered. This help is for people who can't do these things for themselves. Personal care is provided by a home health care aide. Talk to your doctor if you need these services. If you have a Health Plan, the services are provided by a home health agency that is with your Health Plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.

What if I have problems with eligibility?



When you apply for Medicaid you may be told you are not eligible. You may feel you've been treated unfairly. You have the right to do the following:

- ◆ Talk about the problem with your case worker and their supervisor.
- ◆ Call the "Office of Constituent Services" for help.
- ◆ Ask a worker for a Fair Hearing form. Most letters you receive from your worker will have a Fair Hearing form on the back. Fill it out and give it to your worker or their supervisor.



Medicaid Constituent Services

Medicaid only - (801)538-6417 or 1-877-291-5583

Medicaid with other programs such as food stamps
or financial help - (801) 526-4390 or 1-800-331-4341

What are my responsibilities as a Medicaid client?

- ◆ Show your current medicaid card every time you get medical care.
- ◆ Check information on your card each month to make sure it is right.
- ◆ Keep appointments or cancel in advance.
- ◆ Save your Medicaid cards for one year.
- ◆ Use your Medicaid card wisely.

What are my rights?

Anyone who thinks they might be eligible for Medicaid may apply. You have the right to be treated fairly and with courtesy and respect.

- ◆ You have the right to have your privacy protected and be treated with dignity.
- ◆ You have the right to get medical care no matter what your race, color, nationality, disability, sex, religion or age.
- ◆ You have the right to receive information on all available treatment options.
- ◆ You have the right to participate in decisions regarding your medical care, including refusing treatment.

- ◆ You have the right to ask for a copy of your records and request that they be changed.
- ◆ You always have the right to be treated fairly.

If you feel you have been treated unfairly or discriminated against, call the State or your Health Plan and ask for the Civil Rights Coordinator, or call the Federal Office for Civil Rights.



Civil Rights Medicaid Constituent Services
1-877-291-5583

Federal Office for Civil Rights
1-800-368-1019
(Voice 1-800-537-7697 (TDD))

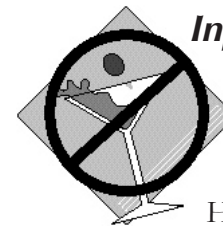
Other important things to know:

Remember, the State pays your Health Plan and other plans even if you don't use your Medicaid benefits. If you shouldn't have been eligible, you may have to repay the State for those payments.



You can also get mental health services from a psychiatrist who takes Medicaid. If you qualify for CHEC services, you can also get services from a licensed psychologist who takes Medicaid.

CHEC means Medicaid's Child Health Evaluation and Care program. Medicaid clients with Traditional Medicaid are in the CHEC program from birth through age 20. Medicaid clients with Non-Traditional Medicaid are in the CHEC program from birth through age 18.



Inpatient Alcohol and Drug Services

If you need *inpatient* drug or alcohol detoxification services and you are enrolled in a Health Plan for physical health care, call your Health Plan. If you are not enrolled in a Health Plan, the hospital will bill Medicaid for detoxification services.

Outpatient Alcohol and Drug Services

You can get outpatient treatment for alcohol and drug problems from a Medicaid substance abuse treatment provider. If you live in *any county other than the counties listed below*, call your mental health center listed in "The Resources" section of this booklet. They are also Medicaid's substance abuse providers.

Salt Lake County—

If you live in Salt Lake County, call the Salt Lake County Division of Substance Abuse at 438-2009. They will help you get the services you need.

Rich, Cache and Box Elder Counties—

If you live in one of these counties, call the Bear River Health Department, Division of Substance Abuse. For services in Brigham City, call (435)734-1322. For services in Logan, call (435)792-6420.

Utah County—

If you live in Utah County, call the Utah County Division of Substance Abuse at (801) 851-7198. They will help you get the services you need.

What if I have problems with my PMHP?

If you disagree with any decision made by your PMHP, or are unhappy with the care you are getting, you have the right to let them know:

Mental Health Care

Prepaid Mental Health Plan (PMHP)

If you live in a county other than San Juan Country or Wasatch County, Medicaid enrolls you in the PMHP for mental health care. The PMHP is a mental health center. The PMHP’s name prints on your Medicaid card. A list of PMHPs are in “The Resources” section of this booklet.

You must get mental health services through your PMHP. If you want to get services from someone outside the PMHP, you must get approval from the PMHP before you get the services. Otherwise, you might be responsible to pay the provider for the services.

Mental Health Services your PMHP can provide are:

- ◆ Evaluations
- ◆ Psychological Testing
- ◆ Medication Management
- ◆ Individual and Group Therapy
- ◆ Psychosocial Rehabilitation Services
- ◆ Case Management Services
- ◆ Transportation to mental health appointments
(Call your PMHP or talk to your therapist for help with transportation.)
- ◆ Personal Services
- ◆ Respite Care
- ◆ Psychoeducational Services
- ◆ Inpatient mental health services

Foster Care Children

Inpatient mental health care is the only service foster care children get through the PMHP. Foster care children may get outpatient mental health services from any Medicaid provider that their case worker recommends.

San Juan and Wasatch Counties

If you live in San Juan County or Wasatch County, you can get mental health services from the mental health center serving your county (San Juan Counseling or Heber Valley Counseling). These mental health centers are also listed in “The Resources” section of this booklet under “Other Mental Health Centers.”

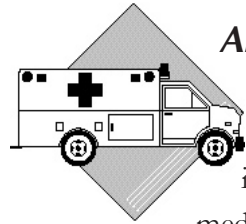
Basic Medicaid Benefits

Benefits Covered by Medicaid

- ◆ Ambulance
- ◆ Birth Control
- ◆ Case Management
- ◆ CHEC Program or Well Child Exams
- ◆ Chiropractic Services
- ◆ Dental
- ◆ Doctor Visits
- ◆ Emergency Room
- ◆ Eye Exams and Eyeglasses
- ◆ Home Health Care
- ◆ Hospice Care
- ◆ Hospital
- ◆ Lab and X-ray
- ◆ Maternity Care
- ◆ Medical Supplies
- ◆ Mental Health
- ◆ Midwife Services
- ◆ Nursing Home Services
- ◆ Over-the-Counter Drugs
- ◆ Personal Care Services
- ◆ Physical Therapy/ Occupational Therapy
- ◆ Prescriptions*
- ◆ Specialists
- ◆ Speech and Hearing Services
- ◆ Tobacco Cessation Services for Pregnant Women
- ◆ Transportation Services
- ◆ Waiver Programs

We want you to find out more about the benefits covered by Medicaid. Some benefits may not be covered or may be limited depending on your Medicaid program.

**After January 1, 2006, Medicaid clients who are eligible for Medicare will not have the same prescription benefits.*



Ambulance

When seconds count, call 911 for an ambulance. The State covers ambulance services in an emergency. Air ambulance is covered when a ground ambulance can't get you to medical care fast enough. Tell the ambulance to take you to the closest hospital.

Birth Control

You may get family planning services from any provider who accepts State Medicaid or your Health Plan without a co-pay. You don't need a referral. You can get some types of birth control in the doctor's office. For others, the doctor will write a prescription. The following forms of birth control may be covered by your Medicaid program.

- ◆ Birth Control Pills
- ◆ Foams
- ◆ Creams
- ◆ Diaphragms
- ◆ IUDs
- ◆ Norplant
- ◆ Birth Control Patches
- ◆ Shots (Depoprovera)
- ◆ Condoms
- ◆ Emergency Birth Control (Morning After Pill)
- ◆ Sterilization*

*Medicaid may pay for a woman to get her tubes tied or a man to have a vasectomy (sterilization). You must be 21 or older and both you and your doctor must sign a consent form 30 days before the surgery. Medicaid doesn't pay to reverse these surgeries.

Case Management (Coordination of Care)

Some Health Plans have case management programs. If you have serious health problems and have a Health Plan on your Medicaid card, ask to speak with a case manager with your plan. A case manager helps make sure you get the medical care you need.

The rural PCP program does not have case management.



Maternity Care

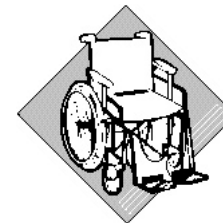
If you think you are pregnant, see a doctor as soon as possible. To receive prenatal benefits, call your worker to report the pregnancy. Early prenatal care helps you give birth to a healthy baby.

You may choose to see a specialist such as an OB-GYN or a CNM (Certified Nurse Midwife). If you have a Health Plan, you must use a provider that is with your plan. Medicaid covers:

- ◆ Prenatal visits, lab work and tests you may need (like an ultra sound).
- ◆ Charges for labor and delivery
- ◆ Anesthesia (pain treatment)
- ◆ Hospital stay
- ◆ Your 6 week checkup after the baby is born

You can stay in the hospital for as long as your provider feels it is necessary.

Your baby may be covered by Medicaid for a year. Call your eligibility worker as soon as possible to report the birth of your baby.



Medical Supplies

Medicaid *may* cover many medical supplies. Some examples of medical supplies are:

- ◆ Wheelchairs
- ◆ Prosthetic devices
- ◆ Bandages or wound care supplies
- ◆ Vaporizers or humidifiers

Talk to your doctor if you need medical supplies. Your doctor may write an order. If you have a Health Plan, give the order to a medical supplier who is with your plan.



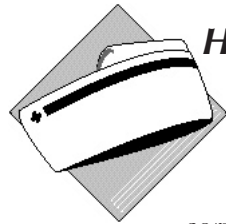
Home Health Care

Home health care is for people who are too sick to leave their home. It is for people who can't go to the doctor's office for care they need, but don't need to be in a hospital or nursing home. Prior approval is needed to receive home health care.

Some types of care you might receive in your home are:

- ◆ Physical therapy and other therapies
- ◆ Nursing
- ◆ Care from a Home Health Aide

Talk to your doctor if you need home health care. Before you get any home health care, your doctor must first write an order for you and get prior approval. If you have a Health Plan, you must use a Home Health Agency that is part of your plan.



Hospice Care

Hospice is care for people who are sick with no hope of getting better. Hospice care helps people to be comfortable when they are dying. Talk to your doctor if you need these services.

Hospital Care

Medicaid covers both inpatient and outpatient hospital care. You need a referral from your doctor before you use hospital services unless it is a true emergency. Prior approval is needed for some hospital services. If you have a Health Plan, use a hospital that is with your plan.



Lab and X-ray Services

Many Lab and X-ray services are covered by Medicaid. You might get these services in your doctor's office, or your doctor might need to refer you to another clinic, lab or hospital. If you have a Health Plan, you must use a provider that is with your plan.



CHEC Program or Well Child Exams

CHEC is for Child Health Evaluation and Care. This is a special benefit for children on Medicaid. CHEC is about keeping children healthy. Anyone from birth through age 20* who is on Medicaid can get CHEC covered services.

*NTM (Non-Traditional Medicaid) covers CHEC exams through age 18.

Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they lead to a serious problem.

CHEC services include:

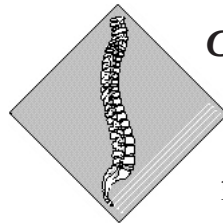
- ◆ Well child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, lead screening (if requested) and growth and development check.
- ◆ Shots (immunizations) to keep your child healthy.
- ◆ Dental checkups by your child's dentist. A complete exam and cleaning twice a year. Fluoride treatment and sealants are covered for children. Your child's first dental visit should be at age one.
- ◆ Follow up treatment and care if a health problem is found during a CHEC exam.
- ◆ Children may receive benefits that are usually not covered by Medicaid.

When should my child have a CHEC checkup?

- ◆ Newborns - as soon as possible after birth. Babies - 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Shots are due at many of these visits.
- ◆ Toddlers - ages 3 to 5. More shots are due at some of these visits.
- ◆ Children - ages 6, 8, 10 and 12.
- ◆ Teenagers and Young Adults - ages 14, 16, 18 and 20.

If you missed a checkup at one of these ages, take your child in as soon as possible. Ask for a CHEC exam while making the appointment and tell your doctor you have Medicaid. Remember to take your child's shot record with you.

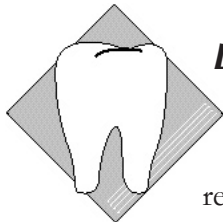
Your local health department has more information about the CHEC program. Call and they will help you make an appointment for a CHEC exam, or you can call your doctor or dentist yourself. The numbers for the local health departments are in “The Resources” section at the back of this book.



Chiropractic Services (Chiropractic Health Plan)

Your chiropractic benefits are covered under the Chiropractic Health Plan. Your plan pays the bills for your chiropractic care. You may see any chiropractor who is on the plan.

Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or 1-800-339-5958.



Dental Benefits

Children and adults have dental benefits. Some of the benefits you may be able to receive are:

- ◆ Examination
- ◆ Cleaning
- ◆ X-rays
- ◆ Fillings
- ◆ Root canals on some teeth
- ◆ Silver crowns

The State has clinics where you can get your dental care. They are called Family Dental Plan clinics. Check “The Resources” section to see if there is one in your area. You can also call your dentist to see if they accept Medicaid, or call the Medicaid Customer Service for names of dentists in your area.

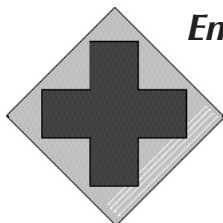
Medicaid Customer Service
Call (801) 538-6155 or 1-800-662-9651



Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your primary care doctor (PCP). We have explained PCP earlier in the book on page 7. If your doctor feels your problems are too serious to treat in the office, your doctor may refer you to a specialist. If you have a Health Plan on your Medicaid card, make sure that you see a doctor who accepts your plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.



Emergency Room

Use the emergency room only when you have a serious medical problem that cannot wait, where waiting could mean permanent harm or death

In an emergency, call 911 or go to the emergency room right away. You don’t have to call your doctor first. Your doctor may provide any care needed to follow up after the emergency. We have explained emergency care in more detail earlier in the book on page 16.



Eye Exams and Eyeglasses

Medicaid may cover services for both Optometrists and Ophthalmologists. An Optometrist is trained to examine eyes and prescribe eyeglasses. An Ophthalmologist is a medical doctor who specializes in eye disease and can perform eye surgery. You may need to get a referral from your doctor before you see an Ophthalmologist. You don’t need a referral to see an Optometrist.

If glasses are a covered benefit under your program, your provider will show you a selection of glasses to choose from that Medicaid will pay for in full. You can choose more expensive eyeglasses, but you must pay the difference between what Medicaid or your Health Plan pays and the cost of the more expensive glasses. Make sure you sign an agreement if you are going to pay for more expensive glasses.